

Instructions for Completing the Local Educational Agency (LEA) Medi-Cal Billing Option Program Provider Participation Agreement (PPA)

These instructions were developed to assist Local Educational Agencies (LEAs) in completing the LEA Medi-Cal Billing Option Program Provider Participation Agreement (PPA) and Annual Report (AR).

The PPA is an 8-page agreement signed by authorized representatives of the LEA and Department of Health Care Services (DHCS). The PPA contains two exhibits: Exhibit A – HIPAA Business Associate Addendum (BAA), and Exhibit B – Data File Description. In addition to complying with the terms listed in the PPA, all LEAs must abide by the terms listed in the BAA. The purpose of the BAA is to guard the privacy and security of protected health information and personal information that may be created, received, maintained, transmitted, used or disclosed pursuant to the PPA, and to comply with certain standards and requirements of HIPAA regulations. Exhibit B is a description of the data provided to the LEA via data tape match. **LEAs do not need to sign or return Exhibits A and B to DHCS.**

LEAs must include the AR when submitting the PPA to DHCS. Please see the AR Instructions posted on the [LEA Medi-Cal Billing Option website](#) for more information.

- DO NOT revise the forms as they are considered a legally binding contract.
- This is a fillable document; all information must be typed, except where specifically noted.

PAGE 1 - PROVIDER PARTICIPATION AGREEMENT

National Provider Identification Number: Enter you LEA's unique 10-digit NPI number. This number will auto populate throughout the document.

Official LEA Provider Name: Enter the official name of your LEA as registered with California's Department of Education. This field will auto populate throughout the document.

PAGE 8 - ARTICLE VI – EXECUTION

Name of the Authorized Representative(s): Enter the name of the person who is authorized to bind contracts for the LEA.

Title of the Authorized Representative(s): Enter the title of the person who is authorized to bind contracts for the LEA.

Signature of the First Authorized Representative: The person who has the primary authority to contractually bind the LEA to the statements in the LEA PPA and whose signature certifies that the information provided is true, accurate, and complete must sign this form. By signing the LEA PPA, the First Authorized Representative, on behalf of the LEA, agrees to comply with all LEA Medi-Cal Billing Option Program requirements, restrictions, and procedures; including, but not limited to: following Medi-Cal procedures, submitting required reports, and reinvesting Medi-Cal reimbursements as specified in the PPA. This may be the Superintendent or Assistant Superintendent.

Instructions for Completing the Local Educational Agency (LEA) Medi-Cal Billing Option Program Provider Participation Agreement (PPA)

Signature of the Second Authorized Representative: The person who has secondary authority to contractually bind the LEA to the statements in the LEA PPA and whose signature certifies that the information provided is true, accurate, and complete must sign this form. By signing the LEA PPA, the Second Authorized Representative, on behalf of the LEA, agrees to comply with all LEA Medi-Cal Billing Option Program requirements, restrictions, and procedures; including, but not limited to: following Medi-Cal procedures, submitting required reports, and reinvesting Medi-Cal reimbursements as specified in the PPA. This may be the Business Services/Fiscal Officer.

Date: Enter the signature date.

Signature of the DHCS Authorized Representative: (DO NOT complete this portion of the agreement. This portion is for California Department of Health Care Services use only).

- By signing the LEA PPA, the DHCS Authorized Representative, on behalf of the DHCS, confirms the LEAs agreement to comply with all LEA Medi-Cal Billing Option Program requirements, restrictions, and procedures; including, but not limited to following Medi-Cal procedures, submitting required reports, and reinvesting Medi-Cal reimbursements as specified in the PPA.

SUBMISSION INSTRUCTIONS

Submit the PPA to DHCS by one of three ways:

(1) Complete the PPA online using electronic signatures and email as a PDF file.

(2) Complete the PPA online and print, hand sign, scan and email as a PDF file.

- For options (1) and (2), save the file using the following naming convention on the document and in the subject line: *2019.PPA.LEAName.NPINumber.pdf*
- Example: *2019.PPA.NewHaven.1987654321.pdf*
- For options (1) and (2), e-mail the documents to LEA.AnnualReport@dhcs.ca.gov

(3) Complete the PPA online and print, sign **(blue ink)** and mail a hard copy, **including a signed copy of the AR** to:

Department of Health Care Services
Safety Net Financing Division
LEA Program Unit
1501 Capitol Avenue, MS 4603
Sacramento, CA 95899-7436

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FINAL CHECKLIST

Please ensure:

- You are submitting the correct version of the PPA: Effective July 1, 2019
- You DO NOT revise the PPA or the AR. The PPA is considered a legally binding contract. Any altered documents will be considered invalid, and the entire submission packet will be denied.
- A complete LEA Medi-Cal Billing Option Program enrollment packet includes:
 - Completed (8 pages) and signed **Provider Participation Agreement**
 - Completed (7 pages) and signed **Annual Report:**
 - Medi-Cal Provider Enrollment Information Sheet
 - Consortium Billing (if applicable)
 - Attachment 1: Certification of State Matching Funds
 - Attachment 1A: Annual Report
 - Attachment 2: Statement of Commitment to Reinvest
 - Attachment 2A: LEA Interagency Collaborative Partners
 - Completed (7 pages) and signed [Data Use Agreement](#) (if applicable)
- All pages are single sided.
- All required signatures on the documents are original and are in **blue ink**.
- All information is printed or typed, except where specifically noted.
- Attachments 1 and 1A include dollar amounts, where applicable.
- You make a copy of the entire Enrollment Package to keep on file with your LEA. These forms describe your program responsibilities as a Medi-Cal provider.
- You send the enrollment package, with original signatures, to the e-mail address or mailing address listed above.

For the complete enrollment process, please see the LEA Medi-Cal Billing Option Program Onboarding Handbook, available on the LEA website under the 'Getting Started' heading.